



Infant/Toddler Safe Sleep & SIDS Risk Reduction in Child Care (ITS-SIDS)

ITS-SIDS Online Training Course: Request for Approval

If you are interested in teaching the ITS-SIDS course to child care providers, but you do not meet the pre-approved eligibility criteria, please complete the *Request for Approval* and the *ITS-SIDS Application* included below.

Email both documents to Mary Cleary, the course manager, at clearym@unc.edu.

The Division (DCD) will notify you and the course manager of the approval or denial of your request within one month.

Name: _____

Phone: _____

Email: _____

County: _____

Describe the need for additional ITS-SIDS trainers in your county/community:

Describe your connections with the child care community in your county/area:

Describe your infant and toddler care experience and/or education:

Date: _____

Signature: _____

ITS-SIDS Online Training Application

Please print or type

Name		County	
Job Title		Date of Birth	
Agency			
Agency Address			
Agency Phone/fax		Fax	
Home Address			
Home Phone/fax		Fax	
Email			
Degrees (list all)			
Licenses -list all state licenses issued to you that relate to health care			
List infant/toddler experience and experience with young children			
Current job responsibilities/or the job responsibilities you are preparing for:			
State your reason for wanting the ITS-SIDS Online Training and how you will use the training to improve the quality of child care.			
Name:		Date:	